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|---|------------|---|-----------|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b><br><b>FY 2009</b><br><i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>                                     |            | Docket Number (Optional)<br>132770.0101   |           |
| Application Number<br>10/729,444-Conf. #1021  |            | Filed<br>December 5, 2003                 |           |
| For<br>UNEMPLOYMENT RISK SCORE AND PRIVATE INSURANCE FOR EMPLOYEES<br>RISK SCORE AND PRIVATE INSURANCE FOR EMPLOYEES  |            |   |           |
| Art Unit<br>3626  |            | Examiner<br>T. N. Nguyen                  |           |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.  |            |   |           |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):   |            |   |           |
|   | <u>Fee</u> | <u>Small Entity Fee</u>                   |           |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))  | \$130      | \$65                                      | \$ _____  |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))   | \$490      | \$245                                     | \$ _____  |
| <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))  | \$1110     | \$555                                     | \$ 555.00 |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))  | \$1730     | \$865                                     | \$ _____  |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))  | \$2350     | \$1175                                    | \$ _____  |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.  |            |   |           |
| <input type="checkbox"/> A check in the amount of the fee is enclosed.  |            |   |           |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.   |            |   |           |
| <input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.   |            |   |           |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>23-2185</u> .                 |            |   |           |
| <b>WARNING:</b> Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.               |            |   |           |
| I am the <input type="checkbox"/> applicant/inventor.   |            |   |           |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).   |            |   |           |
| <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>40,220</u>  |            |   |           |
| <input type="checkbox"/> attorney or agent under 37 CFR 1.34.<br>Registration number if acting under 37 CFR 1.34 _____  |            |   |           |
| <u>/Peter S. Weissman/</u><br>Signature   |            | <u>April 5, 2011</u><br>Date              |           |
| <u>Peter S. Weissman</u><br>Typed or printed name   |            | <u>(202) 772-5800</u><br>Telephone Number |           |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. |            |   |           |
| <input type="checkbox"/> Total of <u>1</u> forms are submitted.   |            |   |           |

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).

Dated: April 5, 2011

Electronic Signature for Peter S. Weissman: /Peter S. Weissman/